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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

PTO

Attorney Docket No.	00862.023156.	
First Nan	ned Inventor or Application Identifier	
•	TSUNEAKI KURUMIDA	

		Express Mail	Label No.			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDR	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. Fee Transmittal Form (Submit an original, and a duplicate for fee proc	essing)	7.	CD-ROM or Program (A)	CD-R in duplicate	, large table or C	omputer
2. Applicant claims small entity status. See 37 CFR 1.27.		8.		and/or Amino Acid e, all necessary)	Sequence Subm	ission
3. X Specification Total Page	es 26		a. C	omputer Readable	e Form (CRF)	
4. X Drawing(s) (35 USC 113) Total Sheet 5. X Oath or Declaration Total Page			i(ation Sequence Lis CD-ROM or CD-R (paper	-	10/62
a. X Newly executed (original or cop	nv)		c. s	tatements verifying	g identity of abov	e copies
a. Nowly exceeded (original or set	· 11			PANYING APPLIC		
b. Copy from a prior application (in the following of the	Sox 17 completed) ENTOR(S) ched deleting	9. X 10.	37 CFR 3.73	Papers (cover sheet (b) Statement is an assignee)		of Attorney
inventor(s) named in the 37 CFR 1.63(d)(2) and		see 11.	English Tra	nslation Document	t (if applicable)	
6. X Application Data Sheet. See 37 CFR 1.7		12.	·	IDS)/PTO-1449	Copie:	s of IDS ons
		13		Amendment eipt Postcard (MPI	FP 503)	
		14. <u>X</u>		specifically itemize		
		15.		ppy of Priority Docu riority is claimed)	ument(s)	
		16.	Other:			
47 If a CONTINUING ADDITION I			- i-f			
17. If a CONTINUING APPLICATION, check appn Continuation Divisional Prior application information: Examiner	· —) of prior app	lication No/_		
For CONTINUATION OR DIVISIONAL APPS only: The considered a part of the disclosure of the accompanying be relied upon when a portion has been inadvertently or	continuation or div	isional application	and is hereby in			
	18. CORRES	SPONDENCE ADI	DRESS			
X Customer Number or Bar Code Label	(Insert Customer No.	05514 or Attach bar code	label here)	or Corres	pondence address	below
NAME						
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	11-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 84.00 =	\$0.00
	MULTIPLE DEPENDENT	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$280.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	
			Total of	above Calculations =	\$750.0
	Reduction by	50% for filing by small er	tity (Note 37 CFR 1.9, 1	1.27, 1.28).	
				TOTAL -	1
9. Sn a.		ntity statement is enclose			\$750.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	CARL B. WISCHHUSEN (Reg. No. 43,279)	
SIGNATURE	Carl B. Wrochhuer	
DATE	JULY 24, 2003	

Form #125

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